



1044 TFW

VIA HAND DELIVERY July 16, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Li et al.

Attny Docket No.: PF187D1C1

Application No.: 10/006,394

Group Art Unit: 1646

Filed: June 21, 2002

Examiner: M. Brannock

For: G-Protein Receptor HIBEF51

**AMENDMENTS UNDER 37 C.F.R. § 1.115 AND
PROVISIONAL ELECTION WITH TRAVERSE UNDER 37 C.F.R. § 1.143**

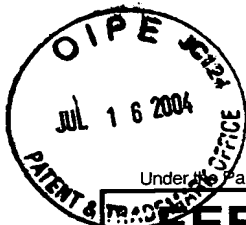
MS Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed June 17, 2004, please enter the following amendments and consider the following remarks and provisional election *with traverse*. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet (in duplicate), with appropriate fee; and (b) an Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 with Form PTO/SB/08 and a legible copy of Reference AC.

Applicants respectfully request the entry of the following amendments and remarks.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004		Complete if Known		
Effective 10/01/2003. Patent fees are subject to annual revision. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/006,394-Conf. #8404	
		Filing Date	December 10, 2001	
		First Named Inventor	Yi Li	
		Examiner Name	M. Brannock	
		Art Unit	1646	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	PF187D1C1

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																												
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																												
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.																																														
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																														
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1. BASIC FILING FEE																																														
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1) (\$)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1) (\$)				0.00		
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Mark J. Hyman	Registration No. (Attorney/Agent)	46,789
Signature		Telephone	(240) 314-1224
		Date	July 16, 2004